

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000301

FILED VS JAN 16 1961

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STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

AMENDED

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>				Length of stay in 1b <u>40 yrs.</u>		c. CITY OR TOWN <u>St. Joseph</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2606 Seneca St.</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2305 Terrace</u>	
3. NAME OF DECEASED (Type or print) First <u>Glenn</u> Middle <u>F.</u> Last <u>Eiman</u>				4. DATE OF DEATH Month <u>January</u> Day <u>7</u> Year <u>1961</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec. 9, 1917</u>	
9. AGE (last birthday) <u>43</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager-Wades Grill</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wades Indian Grill</u>		11. BIRTHPLACE (City and state or country) <u>Cosby, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>C. A. Eiman</u>		13b. MOTHER'S MAIDEN NAME <u>Amelia Henrietta Vogel</u>		14. NAME OF husband OR WIFE <u>Rose Marie Eiman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W. W. 2</u>				16. SOCIAL SECURITY NO. <u>W. W. 2</u>		17. INFORMANT <u>Rose Marie Eiman</u> Address <u>St. Joseph, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Strangulation</u> DUE TO (b) <u>Self inflicted hanging</u> DUE TO (c) <u>at once</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <u>Explosion to garage kitchen +</u> <u>strangled neck 4 feet on 2nd floor</u>			
20c. TIME OF INJURY Hour <u>3</u> p.m. Month, Day, Year <u>1-7-61</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>garage of 2606 Seneca St. St. Joseph</u>		20f. CITY, TOWN, OR LOCATION <u>Buchanan</u> COUNTY <u>Missouri</u> STATE <u>MO</u>					
21. I attended the deceased from <u>before death</u> to <u>death</u> and last saw him <u>alive</u> on <u>1-7-61</u> Death occurred at <u>3 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>S. E. Melaney, M.D.</u>				22b. ADDRESS <u>214 Turner Street</u>		22c. DATE SIGNED <u>Jan 1-9-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan. 10, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cemetery</u>		23d. LOCATION (City, town, or county) <u>St. Joseph, Missouri</u>	
24. FUNERAL DIRECTOR <u>Meierhoffer-Fleeman Inc.</u>				25. DATE RECD. BY LOCAL REG. <u>Jan 10, 1961</u>		26. REGISTRAR'S SIGNATURE <u>Wm. Clark Goodell</u>	

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

S. E. Melaney, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

JAN 19 1961

JAN 18 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Albert E. Harvey

Licensed Embalmer No.

3258

P. O. Address

St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.